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DATE: August 30, 2005 TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE FAX NO: (571) 273-8300 (GENERAL/MAIN FAX LINE) NO. OF PAGES: Cover + 8		
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Renee M. Franks Typed/Printed Name Signature August 30, 2005 Date	APPLICATION NO.	09/823,725
	FILING DATE	03/30/2001
	FIRST NAMED INVENTOR	David Art Mann
	ART UNIT	2145
	CONFIRMATION NO.	5978
	EXAMINER	Jason D. Carbone
	ATTORNEY DOCKET NO.	K35A0785
TITLE	RECEIVING DATA AT A CLIENT COMPUTER AND PERFORMING AN OPERATION ON THE DATA AT THE CLIENT COMPUTER BASED ON INFORMATION IN THE KEY FILE	

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Petition for Extension of Time Under 37 CFR 1.136(a) FY 2005 (1 page)
3. Response to Office Action Dated 05/02/2005 (6 pages)

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PTO/SB/21 (09-04)

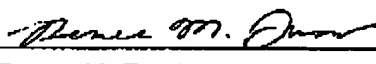
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/823,725
	Filing Date	03/30/2001
	First Named Inventor	David Art Mann
	Art Unit	2145
	Examiner Name	Jason D. Carbone
Total Number of Pages in This Submission	Attorney Docket Number	K35A0785

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Western Digital		
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Printed name	Jonathan E. Prejean, Esq.		
Date	August 30, 2005	Reg. No.	52,132

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Signature			
Typed or printed name	Renee M. Franks	Date	August 30, 2005

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